Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	05/22/2010	Address:	2600 BLOCK TALLEY ROAD	
Case #:	<u>42F30600</u>		COLUMBUS, IN	
County:	<u>BARTHOLOMEW</u>	•	<u>47201</u>	
Type of Laboratory Seizure (check one) Operational Lab		Seizure Location (-	
Chemic	cal/Glassware/Equipment (only) ite (only)	☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel☐ Open – No Structure☐ Other:	
(check all the Lithium	nd: Location (bedroom, kitchen, open a nat apply) /Ammonia Reaction(s): osphorous/Iodine Reaction(s):			
☐ Flammable Solvents: <u>TOLUOL</u>				
Water Reactive Metal (Lithium):				
Anhydrous Ammonia: <u>LARGE CYLINDER</u>				
Hydrochloric Acid Gas Generator(s):				
Corrosiv	ve Acid:			
Corrosive Base:				
Other (item and location): <u>SALT, SCALES</u>				
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		☐ Ephedrine ☐ Retail/Me	Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other:L.E.O. ACTION	
	is to be faxed to the following agen	cies that serve the lo	cation:	
Fire Department: <u>C.F.D.</u> Health Department: <u>B.C.H.D.</u> Child Protection Service:		Fax: <u>E-MA</u> Fax: <u>E-MA</u> Fax:		
For further i	nformation regarding this methamphe g Officer: <u>CHIP AYERS</u> Phor	etamine laboratory, co ne <u>317.234.4591</u>	ntact	

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.